

NOTICE OF PRIVACY PRACTICES * * * Effective 4-14-03

North Dakota Department of Human Services/HIPAA

DN 900 (03-03)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY.

Meaning of “you,” “we,” and “department.” In this notice, when we say “we” or “us”, we mean the staff of the Department of Human Services. When we say “department” we mean the Department of Human Services. When we say “you,” “your”, or “yours,” we mean you as an individual and members of your family or household who live with you.

Understanding Your Personal Health Information. Personal health information is any information created and used by the Department, or received from a health care provider, about your health care. Information may include your name, address, birth date, phone number, social security number, Medicare number, health insurance policies, health information, your diagnoses, and the medical treatments you received.

Department’s Confidentiality Commitment. The Department is committed to protecting your privacy. Any personal health information about you that is generated by this Department or received from health care providers will be kept confidential to the full extent required by the law. The law requires us to maintain the privacy of protected health information, to provide you with this notice, and to abide by what this notice says. We may change what this notice says, but will provide you with information about any changes made if you are then receiving services from the Department or upon your request.

How Information is Used By The Department. Except as explained in this notice, we will disclose and use your personal health information only with your written authorization. We may use your personal health information for treatment, payment and health care operations without your written authorization (except if you are being treated for alcohol or drug abuse). “Treatment information” is information you give to us or a health care provider gives to us that will be used to determine the course of treatment and to document treatment you have received or will receive. “Payment information” includes a bill for services sent to you or to a health insurance company or Medicare and a bill for services from a health care provider, and may include information that identifies you, your diagnosis or other necessary information for accurate payment. “Health care operations information” includes information used to assess the care and outcomes in your case and other cases and to assure the quality and effectiveness of healthcare services. We may also use or disclose your personal health information to:

- Keep you informed about appointments, program information, and benefits and services that may be of interest to you;
- Notify another person responsible for your care if necessary;
- Communicate with any person you identify about that person’s involvement in your care or payment for your care;
- Business associates that perform functions on behalf of the Department.
- Other agencies as required for oversight activities such as licensure, inspections, investigations, audits, or Facility Accreditation;

- Law enforcement personnel for specific purposes, including reporting any suspected child abuse or neglect;
- Staff or research projects that ensure the continued privacy and protection of protected health information;
- Public health agencies to prevent or control disease and for statistical reporting, to the Food and Drug Administration for reporting reactions to medications, to Workplace Safety and Insurance for benefit coordination, to government agencies in cases of national security or for military purposes, or to correctional institutions;
- Respond to a court order, or subpoena if efforts have been made to tell you about the request or to obtain an order protecting the information requested; and
- Share with our business partners who perform case management, coordination of care, other assessment activities, or payment activities, and who must abide by the same confidentiality requirements.

Your Health Information Rights. You have the following rights regarding your personal health information maintained by Department:

1. You may request restriction on certain uses and disclosure of your information. We may not be able to agree to the requested restriction, but if approved, we will abide by it except in an emergency treatment situation or as required by law.
2. If you feel that some information the Department has created about you is wrong, you may ask to change that information. In certain situations, we may deny your request. We will notify you if we deny your request and tell you how to request a review of the denial.
3. You may inspect and obtain a copy of your personal health information in our possession. We may limit or deny you access in very limited circumstances. You have the right to request a review of most denials. We will notify you if we deny your request and tell you how to request a review of the denial. We may charge a fee for copies you request for personal use.
4. You may obtain a paper copy of this notice upon request.
5. You may revoke a signed authorization for the use or disclosure of your protected health information except to the extent we have already acted based on your authorization.
6. If you request, we will account for disclosures we have made of your protected health information made by us beginning in April 2003, except for disclosures to you, under an authorization, for treatment, payment, or health operations purposes, and a few other situations. We will not charge for the first accounting given to you in a twelve-month period. We will charge a fee for an additional accounting requested in that twelve-month period.
7. You may request that we contact you about personal health care matters only in a certain way (phone, e-mail, in writing) and at a certain location (home, office, at an address you have given).

For More Information or to Report a Problem. If you have questions and would like additional information, you may contact the Administrative Assistant, toll-free at 1-800-472-2622, Department of Human Services, Dept. 325, 600 East Boulevard, Bismarck, North Dakota, 58505-0250. If you believe that your privacy rights have been violated, you may file a complaint with the division or unit of the Department where you received services. You may also file a complaint with the Secretary of Health and Human services by calling or writing to: Region VIII, Office for Civil Rights, U.S. Department of Health and Human Services, 1961 Stout Street—Room 1185 FOB, Denver, CO 80294-3538. Phone (303)844-2024. FAX (303)844-2025. TDD (303)844-3439.

There will be no retaliation against you for filing a complaint.